

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2008 8:00 am**  
**Secretary of State**

03-10-2008 90055 023 \*\*\*150.00

<b>DOCUMENT # P99000044587</b> 1. Entity Name <b>MILES RANCH CORPORATION</b>			
Principal Place of Business <b>C/O DIEGO MEDINA 11933 SW 37 TERRACE MIAMI, FL 33175 US</b>		Mailing Address <b>C/O JOSE M. BARRA, CPA 7400 SW 50 TERRACE #304 MIAMI, FL 33155 US</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>DIEGO MEDINA</b> <b>11933 SW 37 TERRACE</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>MIAMI FL</b>		City & State <b>MIAMI FL</b>	
Zip <b>33175</b>	Country <b>USA</b>	4. FEI Number <b>65-0921317</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>MEDINA, DIEGO 11933 SW 37 TERRACE MIAMI, FL 33172</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <b>DIEGO MEDINA</b> (Signature) <b>3-5-08</b> (Date) <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>DP</b>	NAME <b>MEDINA, DIEGO</b>	TITLE NAME	STREET ADDRESS CITY-ST-ZIP
STREET ADDRESS <b>11933 SW 37 TERRACE</b>	CITY-ST-ZIP <b>MIAMI, FL 33172</b>	STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <b>DIEGO MEDINA</b> (Signature)		<b>3/5/08 786423-7396</b> (Date and Phone)	